

730 Topeka P.O. Box 287 Lyndon, KS 66451-0287 Phone: 785 828-3146

CITY OF LYNDON, KANSAS

Permit #:		
	Fee:	\$ 50.00

SPECIAL USE PERMIT APPLICATION

Board of Zoning Appeals

Date Paid:

For Office Use Only				
Date Advertised:	City Council Action:			
Date Notices Sent:	BZA Recommendation:			
Public Hearing Date:	Resolution No:			
	the City Clerk at least twenty-five (25) days prior to the Planning & nning Commission meets on the first Monday of every month.			
APPLICANT:	PHONE:			
ADDRESS:	ZIP:			
PROPERTY OWNER:	PHONE:			
ADDRESS:	ZIP:			
ADDRESS OF PROPERTY:				
LEGAL DESCRIPTION (Please us	se the legal description off property deed):			
SURROUNDING LAND USE AND) ZONING:			
	<u>Land Use</u> <u>Zoning</u>			
North				
South				
East				
West				
Present Use of Property:				
	estrict proposed development:			

PLEASE ANSWER THE FOLLOWING:

		<u>Yes</u>	<u>No</u>
1.	Is deemed necessary for the public convenience at that location.		
2.	Is so designed, located, and proposed to be operated that the public health, safety, and welfare will be protected.		
3.	Is found to be generally compatible with the neighborhood in which it is proposed.		
4.	Will comply with the height and area regulations of the district in which it is located unless specifically granted.		
5.	Off-street parking and loading areas will be provided in accordance with the standards set forth in the zoning regulations, and such areas will be screened from adjoining residential uses and located so as to protect such residential use from any injurious effect.		
6.	Adequate utility, drainage, and other such necessary facilities have been or will be provided.		
7.	Should this special use be valid only for a specific time period? If yes, what length of time?		
APPL	ICANT'S SIGNATURE: DATE:		

Attachments Required:

- ✓ Site plan showing existing and proposed structures on the property in question, and adjacent property, off-street parking, driveways, and other information.
- ✓ Certified list of property owners within 200 feet of property. This can be obtained from the **Osage County Mapping Department** located at 717 Topeka, Lyndon, KS.



SPECIAL USE PERMIT

REASONS FOR DETERMINATION	C 'III D '''
	Special Use Permit#:
	Date of Action:
	Action:
	Expiration Date:
On 20	, the City of Lyndon Planning Commission at its
Regular meeting, recommended	(Action: Approval,
Conditional Approval, Denial) of a special	al use permit for a
(use) to be located at	(Address or Location).
	
•	commendation of the Planning Commission at the
, 20 N	Meeting of the City Council.
In recommending	(Action) of this special use permit, the
Planning Commission considered all stan	idards listed in the Zoning Ordinance, and all other
Conditions listed for that use in other sec	tions of these regulations. In addition, the Planning
Commission found that the proposed use	e (did / did not) provide safeguards to assure its
Compatibility with the surrounding area.	
Conditions (if any):	
ni c c c c c	
Planning Commission Chairperson	
Planning Commission Member	Dlanning Commission Member
Planning Commission, Member	Planning Commission Member
Planning Commission Member	Planning Commission Member



Permit Requirements:

*The following requirements

must be clearly marked in

order for your permit to be
submitted for review by
the Planning and Zoning
Administration;

- Neighboring streets
- **Property lines**
- All existing structures and fences with dimensions
- Dimensions of the proposed structure
- Structure permanent or non-permanent (movable)
 All set-back distances
- Height and type of fence
 (i.e. chain link, privacy, etc)

from property lines

**The Zoning Administrator will not consider the permit unless all of the above listed requirements are included in the site sketch.

Phone #:

Contractor:

Permit #:

Address: